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AUTHOR Roosa, Mark W.
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ABSTRACT

Two studies suggest that Teen-Age Parenting Programs (TAPP's) appear to have a small immediate impact on adolescent mothers' knowledge but may have a little longer term impact on parent attitudes or on children's development. While TAPP's help some students complete their education, great differences may exist between adolescent mothers who enroll in and remain in a TAPP and those who do not. A recent survey in Phoenix, Arizona found that the local TAPP was serving only 230 of 1,275 school-age mothers within the school district. Another survey suggests that many adolescent mothers are 1 or more years behind their peers in school at the time of their pregnancies and have below average grades and poor attendence records. Of adolescent mothers who leave school, those who most deserve attention may drop out before pregnancy; may have every intention of completing high school and may aspire to further education but drop out of school within the first several months after delivery; and have high educational aspirations and relatively strong social and institutional support systems. Unfortunately, many school-based intervention programs serve a fourth group least in need of intervention: those adolescent mothers having a relatively advantaged situation. The possibility that school failure or dropping out of school may precede pregnancy for a significant portion of adolescents should be examined. (RH)

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Adolescent Mothers and School-based Intervention Programs: Unmet Needs

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Social Support For Adolescent Mothers: Integrating Research, Intervention and Policy Strategies

Mark W. Roosa
Center for Family Studies
Arizona State University
Tempe, AZ 85387

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With the increase in interest in adolescent parenting that has occured over the last two decades has come a concomitant increase in interest in the intervention programs that serve this population of young mothers. Although there are some hospital-based programs for adolescent mothers (primarily in a few inner city hospitals) and some community-based interventions, the most common interventions serving adolescent mothers are the school-based Teen-Age Parenting Programs or TAPPs. Although some of them have been around for over 20 years, very few TAPPs have been formally evaluated and few of these evaluations have been made public. The purpose of this paper is twofold: First, two studies that attempted to evaluate some of the impact of TAPPs will be reviewed. Second, although these two studies are based upon small, non-random samples and the results are far from conclusive, I will explore the implications of these and related studies for effective interventions with adolescent mothers.

The first study that I wish to review recruited subjects from three widely scattered, urban teenage parenting programs in Arizona (Roosa, 1984). Each program included standard high school courses in addition to courses in family life education and parenting/child development. Each program also offered child care to at least some of the young mothers in their programs. Their stated goals were to help young mothers continue their educations, to help them learn to control their fertility and to help them become better parents.

To determine how well schools were accomplishing the last two of these goals, at least on a cognitive level, a pretest-posttest design was used that tested enrolling students during the first two weeks of a semester and retested these students during the last two weeks of

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the semester. The tests consisted of a human reproduction questionnaire, a child development questionnaire and a measure of maternal attitudes. Although 79 mothers participated in the pretest and 79 also took the posttest, only 31 took both tests! Participation rates were high in each school, but high drop-out rates and poor attendance resulted in the small evaluation sample. Thus, without attempting to do so, our study produced evidence that these TAPPs were having some difficulty meeting their primary goal of helping teenage mothers complete their education.

Although a sample of 31 hardly is adequate for a program evaluation, the results were instructive. These adolescent mothers showed small but significant increases in their scores on knowledge of human reproduction (from 67% to 74%) and knowledge of child development (from 69% to 76%). It should be noted that their pretest scores were similiar to those of their non-pregnant peers. Thus, for these 31 students there was about a 7% increase in their knowledge of child development and human reproduction, a relatively small change over a 5 month period. However, there were no changes in their attitudes about the maternal role, about the value of interacting with their children or their feelings of anxiety toward the maternal role. Since maternal attitudes have been found to be related to caretaking behaviors (Tulkin & Cohler, 1973), the failure to impact maternal attitudes may be quite important.

The second study that I wish to review was a follow up of 38 mothers who had attended a TAPP when they had their first child as an adolescent and a group of 24 former adolescent mothers who had not participated in an intervention program (Roosa and Vaughan, 1983).

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Each of these mothers was interviewed in her home and her preschool child was given an IQ test. The mothers were given the same knowledge tests as in the earlier study but a different parent attitude scale was used. Those mothers who attended a TAPP had a higher average education level than the non-TAPP mothers, were considerably more likely to be high school graduates and, despite these two differences, were more likely to continue to be enrolled in a school of some kind than the non-TAPP mothers. The TAPP mothers also scored considerably higher on the knowledge of human reproduction test than the non-TAPP mothers and were somewhat more accepting of their children's behavior. (Interestingly the scores of the non-TAPP mothers on the knowledge of human reproduction test were considerably lower (about half as much) than the pretest scores in the previous studies. The scores of the TAPP mothers were about the same as the earlier pretest scores.) However, there were no differences between these groups of mothers on knowledge of child development, in their reproductive histories, in four of the five parent attitude scales, or on child characteristics such as birth weight, current height or weight, or IQ.

In summary, these two small studies suggest that TAPPs appear to have a small immediate impact on adolescent mothers knowledge, but may have little immediate long term impact on parent attitudes or on their child's development. TAPPs do appear to have the very significant impact of helping some students complete their education, at least those who managed to remain in these programs. Another very important result that is only hinted at by these data, is that there may be very great differences between adolescent mothers who enroll in, or at least who remain in, a TAPP and those who do not.

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Two other recent studies touch on this last issue. A recent survey in Phoenix, Arizona (Bachman & Rapisordo, 1984) found that the local TAPP was serving only 230 of 1275 school-age mothers within the school district, about 20%. Another recent study (Seitz, Apfel & Rosenbaum, 1983) provides evidence that suggests that many adolescent mothers are one or more years behind their peers in school at the time of their pregnancies, are receiving below average grades and have poor attendance records. Given this background, one can see why few of these mothers, especially the youngest among them, would be strongly motivated to continue in school during their pregnancies or to return to school afterwards. Indeed, two years after their pregnancies about 50% of the young mothers in this study had dropped out of school or were performing poorly. Thus there is the possibility that our current TAPPs are serving an elite of fairly well informed and highly motivated adolescents and that the TAPPs have little, if any, possibility of coming into contact with or serving many, and perhaps the majority of, adolescent mothers.

Given the state of affairs that I've just described, what are the implications for intervention programs? For the purposes of this paper, I will concentrate solely on the problem of those adolescent mothers who drop out of school. I would like to analyze the drop-out problem based upon what we know from research findings and what I've learned both as a former teacher in a TAPP and as a researcher who has spent quite a bit of time studying these issues.

I propose that there are at least three distinct groups of adolescent-mothers-school-drop-outs who deserve our attention. The first

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group consists of those who may drop out before pregnancy, early in the pregancy or, at the very latest, shortly after delivery. A profile of a typical adolescent in this group might show that she was generally unsuccessful in school and that she probably has matched or exceeded the education level of her mother, that adolescent motherhood has been fairly common in her family's history and/or her neighborhood, and that, after the inital shock, her family, in fact her subculture, will provide unselfish support for the young mother as they welcome her to adulthood (cf: Aug & Bright, 1970). Girls in this group are elevated to adult status and receive abundant support from throughout their social support networks. For girls in this group, pregnancy and parenthood may not be causes of their dropping out of school as much as they are manifestations of subcultural norms and expectations combined with relatively little success in school which are more likely to be the underlying causes. Certainly more research is needed to study and define this group.

By dropping out of school early in the pregnancy/parenting process, adolescent mothers in this first group are unlikely to come into contact with any intervention programs. Since this group may be the largest of the three groups of drop-outs, a significant portion of adolescent mothers may not be served by current intervention programs. Obviously, interventions directed toward this group must occur before pregnancy occurs. Efforts need to be made to identify adolescent women (and men) who are not successful in school, to provide them with opportunities for increased success in school and provide them with an

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education in basic living and vocational skills. Another approach is to is to introduce basic family life/parenting courses into the junior high curriculum, at a point before most pregnancies/drop-outs occur, to better prepare youth for their adult roles.

The second group of adolescent-mothers/school-drop-outs consists of those who have every intention of completing high school and may even aspire to further education but who drop out of school within the first several months after delivery. These adolescents lack the support network that will allow them to continue in school. Quite often the adolescents in this group are involved in school-based intervention programs while in school. In fact many of them can continue in school only to the point where they are required to transfer from the program for adolescent mothers with its child care facility to a regular high school campus without a child care facility. Difficulties in finding or affording child care often are the trigger that result in dropping out for these adolescents although transportation problems and day care needs also are often troublesome. Young mothers who move out of the parental home to live alone with their child are particularly susceptible to these problems and, thus, being drop-outs. Some of the drop-outs occur when mothers with sick infants violate stringent attendance requirements and are failed regardless of their performance when present. Thus some of the drop-outs in this group are discouraged and forced out of school by inflexible school policies. Many drop-outs in this second group could be prevented if:

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1) Programs for pregnant/parenting adolescents were located in neighborhood schools instead of separate, out-of-the-way facilities. Neighborhood schools contain the girls natural peer support group and usually does not require long distance commuting. In the Phoenix area, the two branches of the TAPP are in a church annex and a store front miles from the nearest high school and quite distant from the neighborhoods with the highest adolescent pregnancy rates. Many other cities have similiar arrangements.

2) All such programs include on site infant/child care as a fundamental service. On site care makes the coordination of infant care and school attendance more manageable, can provide a laboratory for training young mothers, and, for some, may serve as an incentive to attend school.

3) Programs for pregnant/parenting adolescents that are separate from regular schools are not restricted to keeping young mothers in the programs for only 1 year or 1 semester beyond their delivery date. Removal of this common restriction would allow adolescent mothers access to support services until graduation if they choose.

4) Attendance policies of schools were more flexible in cases such as school-age parenting.

Interestingly, three of these four recommendations reflect policy decisions that involve few, if any resources, to put into effect. One has to wonder why so many school districts have failed to make such changes already.

The third group of adolescent-mothers-school-drop-outs consist of those with high educational aspirations and relatively strong social and institutional support systems who survive quite well until they are faced with a second pregnancy. The complications caused by having a second child often overwhelm the capacity of the young mother and her support network. The most obvious intervention for this group is prevention of the second pregnancy which can be facilitated by education programs at school, parental support and understanding at home, and cooperation from the medical community.

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Unfortunately, many school based intervention programs are designed for a fourth group of adolescent mothers; those who have high educational aspirations and are motivated to continue, who have strong social support networks, who have sources of free child care (grandmother) or who can afford other sources of child care, and for whom transportation is not a problem. Because of their relatively advantaged position, this fourth group of adolescent mothers, although they may be in need of, and greatly benefit from, school-based interventions may be the group least in need of intervention. However, they are the group most likely to be served by any type of intervention and evaluations of adolescent parenting programs are most likely to be based upon this group.

If the classification scheme above is accurate, then the relationship between adolescent motherhood, dropping out of school, and school based intervention programs bears further scrutiny. First, we should seriously question the long held assumption that adolescent pregnancy precedes dropping out of school and examine the alternative assumption that school failure or dropping out of school may precede pregnancy for a significant portion of adolescents (See Rindfuss & St. John, 1983; Hofferth, 1984; Rindfuss, St. John & Bumpass, 1984 for an update on this debate). Second, the needs of the four groups of drop-

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outs outlined above are probably quite different from one another yet intervention programs serve those who are easiest to reach as well as those whose needs may be least. If we want to make a major impact on adolescent parenting behavior we may need to distinguish between these groups, determine their particular needs, and design programs specifically to meet those needs. Fundamental questions such as which of these groups is most at risk of parenting failure and which is most in need of preparation for, and support in, the parenting role need to be addressed as we decide where inteventions are needed. The agenda for researchers in this area is certainly quite full.

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